

# STATE OF UTAH GOPB BUDGET IMPACT FORM

Use one form for each grant

<b>1) Grant Title:</b>																								
<b>2) Federal Catalog Number:</b>			<b>3) State Application Identifier (SAI#):</b>				<b>Official Use Only:</b>																	
<b>4) Federal Funding Agency:</b>				<b>5) Grant Type (circle):</b> New      Reapplication      Revision																				
<b>6) Description and Purpose of Federal Grant:</b>																								
<b>7) Was this grant submitted in your agency's budget proposal through the annual Federal Funds Request Summary Report?</b> Yes      No																								
<b>8) Total Funding Sources</b>																								
(PLEASE PROVIDE EXPLANATION OF ALL MATCHES IN THE COMMENTS SECTION)																								
			<b>MATCHING STATE DOLLARS</b>																					
<b>State Fiscal Year</b>	<b>Annual Federal Award</b>	<b>Other Matching Funds from Non-State Entities</b>	<b>General Fund</b>	<b>Dedicated Credits</b>	<b>Restricted Funds</b>	<b>Other (Write In)</b>	<b>In-Kind (describe in #15)</b>	<b>Maintenance of Effort</b>	<b>Total Funds</b>															
FY 2005 Actual																								
FY 2006 Authorized																								
FY 2006 Supplemental																								
FY 2007 Requested																								
<b>9) Percent of grant monies passed through to local governments/private entities:</b>			<b>10) Identify pass through recipient(s):</b>																					
<b>11) Will additional state monies be required to continue this program if this grant expires or is reduced?</b> Yes      No      (if "Yes" explain in comments section or on a separate sheet)																								
<b>12) Additional FTEs the grant requires:</b>			<b>13) Are these permanent FTEs?</b> Yes      No      (if "Yes" explain in comments section or on a separate sheet)																					
<b>14) What federal requirements must the state meet as a condition of receiving monies and what impact will these requirements have on policy?</b> (use separate sheet if needed)																								
<b>15) Comments:</b>																								
<b>16) Address of federal agency application sent to:</b>			<b>17) Your Contact Information:</b> <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;"><b>a) Department:</b></td> <td style="border: 1px solid black; width: 20%; height: 20px;"></td> <td style="width: 5%; border: none;"></td> <td style="border: none;"><b>d) Contact:</b></td> <td style="border: 1px solid black; width: 25%; height: 20px;"></td> </tr> <tr> <td style="border: none;"><b>b) Line Item / Division:</b></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: none;"></td> <td style="border: none;"><b>e) Phone #:</b></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: none;"><b>c) Program:</b></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: none;"></td> <td style="border: none;"><b>f) Date:</b></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>							<b>a) Department:</b>			<b>d) Contact:</b>		<b>b) Line Item / Division:</b>			<b>e) Phone #:</b>		<b>c) Program:</b>			<b>f) Date:</b>	
<b>a) Department:</b>			<b>d) Contact:</b>																					
<b>b) Line Item / Division:</b>			<b>e) Phone #:</b>																					
<b>c) Program:</b>			<b>f) Date:</b>																					